2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P05000131012

Entity Name: ADVANCED CARE, INC.

Current Principal Place of Business:

430 NW 47 AVE #2
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

430 NW 47 AVE #2
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-3528871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONCEPCION, ALEXEI
430 NW 47 AVE #2
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

CONCEPCION, ALEXEY
430 NW 47 AVE #2
MIAMI, FL 33126 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEXEY CONCEPCION 04/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONCEPCION, ALEXEI
Address: 430 NW 47 AVE #2
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CONCEPCION, ALEXEY
Address: 430 NW 47 AVE #2
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXEY CONCEPCION D 04/28/2006
Electronic Signature of Signing Officer or Director Date